

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90246 038 ****55.00

DOCUMENT # L99000005856

1. Entity Name

PALM GREEN INVESTMENTS, L.L.C.

Principal Place of Business

% JOSEPH NARDONE, SR.

Mailing Address

% JOSEPH NARDONE, SR.

**16391 BRAEBURN RIDGE TRAIL
 DELRAY BEACH, FL. 33446**

2. Principal Place of Business

FT. PIERCE, 1st LUCIE COUNTY FL

3. Mailing Address

16391 BRAEBURN RIDGE TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FLORIDA

Zip

Country

USA.

Zip

Country

33446

U.S.A.

4. FEI Number

65-0954172

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NARDONE, JOSEPH SR

**16391 BRAEBURN RIDGE TRAIL
 DELRAY BEACH, FLORIDA 33446**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 NARDONE, JOSEPH SR**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

**MGRM
 NARDONE, JOSEPH SR.
 16391 BRAEBURN RIDGE TRAIL
 DELRAY BEACH, FLORIDA 33446**

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-3-02 (561) 638-0750

CR2E083 (4/02)